MAPLEWOOD OF SAUK PRAIRIE 245 SYCAMORE STREET

SAUK CITY	53583	Phone: (608) 643-3383	3	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	120	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	109	Average Daily Census:	110

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No				%		14.7
Supp. Home Care-Personal Care	No			1			45.9
11	pp. Home Care-Household Services No Developmental Disabilities			Under 65	3.7		26.6
Day Services	No	Mental Illness (Org./Psy)	20.2	65 - 74	5.5		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	25.7		87.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.2	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.8	95 & Over	11.9	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.9		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	6.4	65 & Over	96.3		
Transportation	No	Cerebrovascular	6.4			RNs	11.5
Referral Service	No	Diabetes	1.8	Gender	용	LPNs	5.5
Other Services	Yes	Respiratory	3.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	56.9	Male	25.7	Aides, & Orderlies	43.8
Mentally Ill	No			Female	74.3		
Provide Day Programming for		[100.0				
Developmentally Disabled	No	[100.0		
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Method of Reimbursement

		Medicare			Medicaid 'itle 19		(Other		:	Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	1	12.5	332	1	1.3	132	0	0.0	0	1	4.0	154	0	0.0	0	0	0.0	0	3	2.8
Skilled Care	7	87.5	348	75	98.7	113	0	0.0	0	24	96.0	167	0	0.0	0	0	0.0	0	106	97.2
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		76	100.0		0	0.0		25	100.0		0	0.0		0	0.0		109	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:	i	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	3.4	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health		Bathing	0.0		66.1	33.9	109
Other Nursing Homes	1.7	Dressing	3.7		64.2	32.1	109
Acute Care Hospitals	87.2	Transferring	14.7		59.6	25.7	109
Psych. HospMR/DD Facilities	0.9	Toilet Use	13.8		56.0	30.3	109
Rehabilitation Hospitals	4.3	Eating	57.8		22.9	19.3	109
Other Locations	2.6	******	*****	*****	*****	*****	*****
otal Number of Admissions	117	Continence		용	Special Treatmen	ts	ક
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	6.4	Receiving Resp	iratory Care	23.9
Private Home/No Home Health	6.0	Occ/Freq. Incontinen	t of Bladder	58.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	35.3	Occ/Freq. Incontinen		36.7	Receiving Suct	ioning	0.0
Other Nursing Homes	2.6	-			Receiving Osto	my Care	1.8
Acute Care Hospitals	11.2	Mobility			Receiving Tube	Feeding	4.6
Psych. HospMR/DD Facilities	0.9	Physically Restraine	ed.	0.9	Receiving Mech	anically Altered Diets	27.5
Rehabilitation Hospitals	0.0				_	_	
Other Locations	12.9	Skin Care			Other Resident C	haracteristics	
Deaths	31.0	With Pressure Sores		8.3	Have Advance D	irectives	94.5
otal Number of Discharges	i	With Rashes		7.3	Medications		
(Including Deaths)	116				Receiving Psyc	hoactive Drugs	56.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	용	૪	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.7	84.6	1.08	87.2	1.05	88.1	1.04	87.4	1.05
Current Residents from In-County	87.2	75.5	1.15	78.9	1.10	69.7	1.25	76.7	1.14
Admissions from In-County, Still Residing	23.1	18.9	1.22	23.1	1.00	21.4	1.08	19.6	1.17
Admissions/Average Daily Census	106.4	152.9	0.70	115.9	0.92	109.6	0.97	141.3	0.75
Discharges/Average Daily Census	105.5	154.8	0.68	117.7	0.90	111.3	0.95	142.5	0.74
Discharges To Private Residence/Average Daily Census	43.6	63.8	0.68	46.3	0.94	42.9	1.02	61.6	0.71
Residents Receiving Skilled Care	100	94.6	1.06	96.5	1.04	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	96.3	93.7	1.03	93.3	1.03	93.1	1.04	87.8	1.10
Title 19 (Medicaid) Funded Residents	69.7	66.0	1.06	68.3	1.02	68.8	1.01	65.9	1.06
Private Pay Funded Residents	22.9	19.0	1.20	19.3	1.19	20.5	1.12	21.0	1.09
Developmentally Disabled Residents	0.9	0.5	1.83	0.5	1.95	0.5	1.83	6.5	0.14
Mentally Ill Residents	20.2	31.3	0.65	39.6	0.51	38.2	0.53	33.6	0.60
General Medical Service Residents	56.9	23.7	2.40	21.6	2.64	21.9	2.60	20.6	2.77
Impaired ADL (Mean)	55.4	48.4	1.14	50.4	1.10	48.0	1.15	49.4	1.12
Psychological Problems	56.0	50.1	1.12	55.3	1.01	54.9	1.02	57.4	0.98
Nursing Care Required (Mean)	9.2	6.6	1.40	7.4	1.24	7.3	1.26	7.3	1.25